



Individual Assessment

Name: _____ Date: ____/____/____

EDUCATION

High School Graduate?	Yes	No	GED?	Yes	No
Do you want help with getting a GED?	Yes	No			
College or Vocational Training (Explain):					

BARRIERS

(What is in your way of finding employment?)

_____ Home environment/shelter needs	_____ Self-esteem
_____ Limited English	_____ Limited/outdated work skills
_____ Basic skill deficits	_____ Pregnant/Parenting
_____ Lack of resources	_____ Police Record
_____ Transportation	_____ No Driver's license

Discuss these or any other restrictions to your employment:

PERSONAL HISTORY

Are you working with any for the following agencies: Please check and list the name of the person you are working with.

_____ Adult and Family Services _____

_____ TERO _____

_____ CTUIR _____

_____ Other Tribal Organizations or Programs _____

_____ Senior & Disabled Services _____

_____ Corrections _____

_____ Mental Health _____

_____ Vocational Rehabilitation _____

____ Employment Department _____

____ Social Security _____

____ Other _____

Do you have a (physical, mental or learning) disability? Please explain: _____

If so, has this disability been documented? Yes No

I am interested in the following:

(Please check all that apply)

____ Locating and applying for jobs in my area.

____ Appropriate dress/grooming for job search.

____ Resume writing. Do you have a resume? Yes No

____ Job interviewing skills.

____ Brushing up on basic skills, such as math and English.

____ Tips on building confidence and dealing with stress.

____ Tips on getting/keeping a job.

____ Testing to determine aptitudes, interests and occupational skills.

____ Evaluation of aptitudes and interests as related to career choices.

____ Information about On-the-Job Training opportunities.

____ Information on classroom training – Subject area: _____

____ Other: _____

What is your employment or training goal? Please describe:

Type of work desired: Full-time Part-time Either Preferred work schedule (days/hours):

_____ Salary/Wage range acceptable in an unsubsidized job: _____ Desired

geographical location of job: _____ Preferred working conditions: _____

Do you have any pending legal or legitimate scheduling problems that could interfere with your employment goal or training? (Examples: Scheduled surgery, court appearances, etc.) Yes No

Is there anything else you would like your employment counselor to know about you that would help them to serve you better?

FUNCTIONAL CAPACITY SELF ASSESSMENT

Please circle the amount of time (hours) you have the capacity for each activity:

In an 8-hour day, I can:

- | | | | | | | | | |
|----------|---|---|---|---|---|---|---|---|
| a) Sit | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| b) Stand | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| c) Walk | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

I am able to:

	Not at all	Occasionally	Frequently	Continuously
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- | | | | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Bend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Squat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Crawl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Climb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Reach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I can carry:

	Never	Occasionally	Frequently	Continuously
--	-------	--------------	------------	--------------

- | | | | | |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Up to 10 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 11-20 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) 21-50 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) 51-100 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I can use my feet for repetitive movements as in operating foot controls:

Right: Yes No Left: Yes No Both: Yes No

I can use my hands for repetitive action such as:

- | | | | |
|--------|--|--|--|
| | <u>Simple Grasping</u> | <u>Pushing & Pulling</u> | <u>Fine Manipulation</u> |
| Right: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Left: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

I am restricted in activities involving:

	Yes	No	<u>Comments:</u>
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- | | | | |
|---|--------------------------|--------------------------|-------|
| a) Unprotected heights | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| b) Being around moving machines | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| c) Exposure to dust, fumes & gases | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| d) Exposure to extreme changes
in temperature/humidity | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| e) Driving automotive equipment | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| f) Other (please explain) | | | |

WORKSOURCE OREGON is an Equal Opportunity Employer/Program

Auxiliary Aids and Services are available on request to individuals with disabilities.